

1 think your child is being abused, document
2 everything.

3 Q That's your assumption. Did you view the video?

4 A No, I didn't.

5 MR. STEELE: Objection, it assumes facts not
6 in evidence.

7 MR. MISKELL: Well, yeah, because you didn't
8 give it to her.

9 MR. STEELE: Because I don't have it. I
10 don't know if they exist.

11 Assumes facts not in evidence.

12 BY MR. MISKELL:

13 Q Now can I see the records that you have in your file?

14 A The records I was provided?

15 Q Yeah. Not your data, your testing data, the records
16 you were provided.

17 Now, ma'am, can you tell me with 100%
18 certainty that the father of this child was never
19 being sexually inappropriate with Madeline? The
20 father in this case, that he was never --

21 A I didn't meet with the father.

22 Q Well, that's not my question. Can you tell me the
23 father --

1 A I wouldn't have any way -- no, I can't, not with 100%
2 certainty.

3 Q Ma'am, I'm going to show you the first document
4 that's on the top of what you had given me. Can you
5 tell me what that is.

6 A Pediatric Resource Center.

7 Q And that's a report from Dr. -- the lady who just
8 testified, Dr. Petrak; is that correct?

9 A Yeah, I believe that's her name.

10 Q And that's dated October 28, 2016; right?

11 A I can't see it from here, but I imagine you're right,
12 yeah.

13 Q And is this the type of report that you would use to
14 help confirm your diagnosis in your testimony today?

15 A I didn't have an opinion when I went into this.

16 Q Well, but you testified to opinions. What I'm asking
17 you is is this the type of record --

18 A But I didn't have a pre-existing opinion. I always
19 get records and I always review whatever I'm given as
20 background information, so that's what I did with
21 this.

22 Q Okay. That's what I'm asking you.

23 A Yes.

1 Q This report right here you used partly, with the
2 other records that we're going to be going over,
3 these records you used to help with the background of
4 what you believe may or may not have happened to
5 Madeline, the mother and the father, DCFS, the police
6 and the hospitals; correct?
7 A Yeah, a little bit.
8 Q And they helped give you background as to what's
9 occurred here with regards to your testimony today;
10 is that correct?
11 A Yes, I guess. I rely mainly on what she told me.
12 She told me all the time she went to the hospital.
13 Q Well, now I notice like in this report for example
14 that Madeline was evaluated at Ottawa Regional
15 Hospital and Mendota Hospital. But you were not
16 given those records; isn't that correct?
17 A I don't know. We have to look through that whole
18 stack.
19 I'm supposed to be off today. This is
20 Christmas.
21 Q I hear you. Me too.
22 A Well, I'm the one who has to provide a dinner for
23 eighteen people, not you guys.

1 Anyway, so what do you want me to do?
2 Find Mendota or see if it's here?
3 Q Yeah, I don't believe it is. And maybe you can
4 shorten it if it is --
5 MR. STEELE: I don't believe it's there
6 either.
7 THE WITNESS: Okay.
8 MR. STEELE: Petrak said she didn't have it.
9 BY MR. MISKELL:
10 Q So did you review maybe the summaries of the medical
11 records to help with your testimony today?
12 A No. I haven't looked at them since October.
13 Q Well, right. But at the time that you did your
14 report --
15 A Yes.
16 Q Okay. And --
17 A I don't remember. Like if you're going to ask me
18 questions about them, I don't have a memory of it.
19 Q All I'm asking is that did you basically --
20 A I reviewed them, yes.
21 Q And you reviewed this report with regards to help you
22 with your opinions today; correct?
23 A Well, I think --

1 MR. STEELE: Make sure she testified --

2 THE WITNESS: -- every little piece of that
3 is such a small bit of information compared to what
4 my job is, but it's a very small level of importance.

5 BY MR. MISKELL:

6 Q Okay.

7 A Maybe 10%.

8 Q Well, here's my question. This is your report;
9 correct?

10 A Yes.

11 Q What's the date of your report?

12 A The 14th of -- what is it? October 25th.

13 Q And what was the actual day that you wrote the
14 report?

15 A Well, I worked on it a number of days. I worked on
16 it partly on the 14th --

17 Q Last date maybe you worked on --

18 A -- I worked on it the 15th. The last date would have
19 been the 25th.

20 Q Okay. So with regards to your opinions today, how
21 are you able to testify to your opinions today to a
22 report that wasn't drafted until three days after you
23 submitted your report?

1 A What do you mean?

2 Q Your report is October 25th, this wasn't written

3 until October 28th.

4 A Oh, I don't really know.

5 Q Okay. That's fair.

6 A Do you think --

7 Did you send records later?

8 MR. STEELE: After, yes.

9 THE WITNESS: Oh, the report was already

10 gone.

11 MR. STEELE: Right.

12 MR. MISKELL: So I'm going to move to strike

13 the whole evidence deposition in that part of the

14 evidence deposition may or may not include opinions

15 and references and inferences contained in the

16 October 28th report which was not disclosed prior to

17 today's date pursuant to Section 213(f).

18 However, I'll keep going just in case I

19 get overruled on that.

20 BY MR. MISKELL:

21 Q Now, ma'am, what are the characteristics for

22 childhood sexual abuse? What are the things that

23 people should be looking for?

1 A I'm not sure what you're -- what you mean.
2 Q Okay.
3 A That's a very broad question.
4 Q When considering whether or not someone has been
5 sexually abused, do you look to their sexual conduct
6 at a young age versus -- yeah, sexual conduct at a
7 young age?
8 A Like what?
9 Q Like dad stuck his penis in my mouth.
10 A You're saying saying that?
11 Q Yeah. Would that be something you wouldn't expect
12 from a two or three-year-old?
13 A Yeah.
14 Q And isn't that one of the signs or symptoms of sexual
15 abuse?
16 A You know, it's really hard to say because I have kids
17 repeating what adults said so it's very hard for me
18 to say whether a child was coached, that's why we ask
19 them more questions.
20 Q Did you interview the child?
21 A No.
22 Q All right. Now with regards to anal or vaginal
23 soreness, is that a sign or symptom of sexual abuse?

1 A I'm not a medical doctor, I'm not able to answer
2 that.

3 Q Well, but you're saying she's delusional but part of
4 her delusion is based upon a fact scenario that you
5 believe is unsupported by the records to such an
6 extent that it could not have happened.

7 A No, that's not the reason I think she's delusional.
8 That's the problem here. I think she's delusional
9 based on her behavior in my office.

10 Q That's it?

11 A I would not diagnose her with Delusional Disorder
12 without the behavior that she exhibited in my office.

13 Q And part of that has to do with her drawing issue?

14 A No, it has to do with her paranoid questions to me
15 about whether a report if she answers questions like
16 a child should be clean and happy or a child should
17 not be spanked wondering if that is going to somehow
18 predict that she could be an abusive parent in the
19 future. Anybody who is logical -- she asked me
20 questions that didn't make sense. Her logic was not
21 based in reality.

22 Q Her logic was not based in reality.

23 A She tore up things -- well, I'm tired.

1 MR. STEELE: Let her answer the question.

2 THE WITNESS: You know, her thinking was not
3 based in reality. She's tearing up tests, hiding
4 tests, lying to us.

5 I don't have -- there was a lot -- many
6 more hours that were spent with her just trying to
7 get her to take the test, to get her to talk to me.

8 I mean I didn't have a pre-opinion on
9 what I was going to find at all. Her whole
10 presentation, her way of thinking was just paranoid
11 and delusional.

12 BY MR. MISKELL:

13 Q You said that she's not gifted verbally, she's gifted
14 more visually -- or she's --

15 A Yes.

16 Q Yes. What's her degree, if she has one? Would you
17 expect a person like this to have a master's degree?

18 A She didn't tell me she had a master's degree, she
19 said she was getting an associate's degree from an
20 unaccredited school.

21 Q I'm asking you whether or not you would expect a
22 person with her profile to have a master's degree?

23 A From where?

1 Q Ma'am --

2 A I can't answer that because there's unaccredited

3 online schools that are giving out master's degrees

4 to people that are not qualified. I see them in my

5 office all the time.

6 Q And you're saying that if you just pay a couple of

7 dollars you get a master's thing and you don't have

8 to do any work? I don't --

9 A Yeah, you have to -- I have had people come in and

10 ask for an internship that have a master's degree

11 from an online school and they've never seen an IQ

12 test kit, they've never done one, they don't know

13 anything about the field except a few things they

14 read in a book and a few written assignments. That's

15 not a master's degree. They may have paid 60 or

16 \$80,000 for it.

17 But she told me she had an associate's

18 -- she was getting an associate's degree --

19 Q Working on an associate's degree, correct.

20 A -- and it was an unaccredited school --

21 Q Correct.

22 A -- that took her money and was -- I don't know.

23 Q And do you remember what that was for?

1 A Psychology.

2 Q Right. But you're unaware that she had a master's in

3 art from an actual college? You're not aware of

4 that, correct --

5 A No --

6 Q -- or drawing --

7 A -- but it would make sense with her IQ scores, yeah.

8 Q With her IQ scores and the fact that she's much

9 better --

10 A Visual/spatial, yeah.

11 Q -- with her hands and spatial that she has a master's

12 in art, that would kind of fit her profile.

13 A Yeah.

14 Q But you wouldn't expect somebody with her being all

15 over the place to actually get through a master's

16 program, is that what you're saying, at an accredited

17 school?

18 A Well, you know, I think anybody can do anything they

19 put their mind to if they focus simply on that. I

20 mean look at how far all this has gotten us, you

21 know.

22 You know, whenever you put your energy

23 and focus I think if you have at least average skills

1 you can -- some people have to work harder than
2 others, so, you know.

3 Q Now -- I'm sorry. Were you finished?

4 A I'm just saying some people can get a master's degree
5 but they might not be -- it might not be as easy for
6 them as somebody with more intelligence.

7 Q Now do you have any information that negates that the
8 Kramers work for the city of Peru and assert they
9 have influence over the police?

10 A That negates that? No, I don't.

11 Q Okay. Do you have any information that negates
12 Ms. Eickmeier's assertion that she had a conversation
13 with Kevin Kramer where he admitted the abuse to her?

14 A The things she told me and the things she said were
15 admitting because were like a flippant remark that
16 was meant sarcastically. See, that's the thing, she
17 kind of twisted things in what she told me.

18 Q On page 2 of your report "the police chief told DCFS
19 that I was lying and making things up, so DCFS
20 unfounded their investigations."

21 Is that possible?

22 A Yeah, I guess so.

23 Q "The alleged abuser, Kevin Kramer ... has admitted

1 the abuse to me. I saw him rubbing her genitals in a
2 sexually aggressive type of way."
3
4 Do you have any information that says
5 that did not occur?
6
7 A What is that way? I mean that's what I found with
8 her.
9 Q Well, she believed to be a sexually aggressive way.
10 A The problem was with her belief system all the way
11 through this.
12 Q What you have interpreted her belief system to be.
13 A Right.
14 Q Okay. Do you have any information that this incident
15 did not occur?
16 A Well, I would think he would be in jail if that
17 happened.
18 Q You would hope.
19 A Okay.
20 Q But if he works for the city of Peru and the police
21 aren't helping, could that feed into her conspiracy
22 theory that nobody wants to help her?
23 A Well, I suppose it could.
 Q And that could actually happen. We've seen that
 across this country, haven't we?

1 A Yes, we have.

2 Q All right. Now and then she says to him "this is why
3 she comes home red and shows masturbating [type]
4 behaviors..." And he says, "So what? You're the
5 only one making a big deal about it!"

6 Do you have any information to show that
7 that conversation did not occur?

8 A No.

9 Q All right. Now she has a corroborative witness in
10 Beverly Schneider where -- and I think the last
11 person who testified said that she would have liked
12 to have had a corroborative witness that she could
13 have talked to -- and Beverly Schneider talks of a
14 story where she's baby-sitting Madeline and Madeline
15 tells her that "dad 'put his snake in her mouth' and
16 makes a gagging sound."

17 Do you have any information that
18 indicates that did not occur?

19 A I have no idea who Beverly Schneider is or whether
20 that occurred.

21 Q You attempt to get the information from Beverly
22 Schneider to confirm whether or not the conversation
23 occurred as to determine whether or not

1 Ms. Eickmeier's belief that something of that nature
2 occurred is delusional?

3 A I'm not a police detective. That would be the
4 detective's job, not mine.

5 Q Let me show you -- well, let me ask you about the
6 first page of your report.

7 Your evaluation was to assess her
8 cognitive, academic, and psychological adaptive
9 functioning, as well as assess her parenting ability
10 and treatment recommendations; correct?

11 A Yes.

12 Q Well, if you're going to assess her parenting ability
13 and decide whether or not she needs treatment
14 recommendations from some delusional thoughts that
15 she believes her baby daddy is causing sexual trauma
16 to her daughter, wouldn't you want to have some
17 corroborative evidence to show that that's either
18 happening or not happened?

19 A My assessment was based on my interview and the
20 parenting test, the Child Abuse Potential Inventory.

21 Q Now with regards to your tests you use a program I'm
22 assuming where the data is inputted and parts of the
23 report are self-generated and you go back and edit

1 the report to put in names and alter it. Is that
2 correct?

3 A Some parts.

4 Q Yeah. And those two parts include your MMPI, I'm
5 assuming. That's a computer-generated test; right?

6 A That wasn't a computer-generated report.

7 Q Was that one where you took the data and scored it
8 individually?

9 A It was computer scored but there wasn't a report
10 generated.

11 Q So it's computer scored and then you have the -- your
12 MCMI-IV is also computer scored; correct?

13 A Yeah.

14 Q And then there's standardized paragraphs that are
15 associated with the scores; is that correct?

16 A Yes.

17 Q That's why your report really is so lengthy, because
18 a lot of these questions that counsel was asking of
19 you you would say people like Miss Eickmeier
20 generally do this or generally do that, those aren't
21 paragraphs that you actually wrote, those are
22 paragraphs that the computer program generates;
23 correct?

1 A No, those are paragraphs I wrote about the scales
2 myself.

3 Q Not about the scales, about the results.

4 For example, "Individuals with profiles
5 like Ms. Eickmeier see themselves as ambitious,
6 inspiring and dynamic forces," that paragraph is --

7 MR. STEELE: Counsel, what page?

8 MR. MISKELL: -- generated by the program, is
9 it not?

10 MR. STEELE: What page, counsel?

11 THE WITNESS: No, it's not.

12 BY MR. MISKELL:

13 Q You wrote that paragraph?

14 A No, I typed what the scales meant. And I have them
15 on my computer, but it was not generated by --

16 Q Oh!

17 A It wasn't.

18 Q All right. Well, then it's pre-generated sentences
19 that you put her name in and then the rest of the
20 sentence you're --

21 A Well, I type them up, yeah, and I use what elevations
22 there are on the tests and then edit that.

23 Q Okay. So I guess that's my point. Like for example

1 on page 14 where it says "Individuals with similar
2 profiles to [her] tend to maximize the attention and
3 favors they receive from others..." that paragraph,
4 that's a standardized paragraph that you put
5 basically --

6 A Well, it describes Histrionic Personality Disorder.

7 Q Generally; correct?

8 A Yeah, I guess.

9 Q Okay.

10 A But she generally meets the criteria for.

11 Q Generally. But just because somebody has a general
12 trait doesn't mean that every trait or personality
13 and every facet of the cognitive defect that you're
14 putting in your report applies specifically to that
15 person; correct?

16 A Well, that could be.

17 Q For example, you put in here that "Ms. Eickmeier and
18 other persons of this code ... react to stress and
19 avoid responsibility by developing physical symptoms
20 ... symptoms [that] do not fit the pattern of any
21 known organic disorder."

22 What physical symptoms of organic
23 disorder have Ms. Eickmeier been diagnosed with?

1 A Well, she came up high on the Somatic Scales on both
2 tests.

3 Q Organic disorder.

4 A Oh, it says not an organic disorder. It does not
5 meet the criteria to be an organic disorder.

6 Q Yeah, develops physical symptoms.

7 A Yeah, like stress-related symptoms.

8 Q What stress-related symptoms was she having?

9 A Well, I don't know that day, but all her tests show
10 that she tends to develop headaches or upset stomach
11 or whatever when she is under stress.

12 Q The testing --

13 A That's a convergent V, which the Depression Scale is
14 low and the Histrionic and Hypochondriasis Scale are
15 elevated, and those relate to the physical symptoms
16 and lack of insight.

17 Q The testing suggests that she should have headaches
18 and -- what did you say, headaches and --

19 A Well, it says that she has a tendency to have that
20 rather than develop --

21 Q Does she report any of that?

22 A Well, I didn't go into detail with her about that.

23 Q Why not?

1 A Because I didn't have time. I wasn't paid to go into
2 detail on every question.

3 Q Okay. But you do realize that this affects the
4 mother and the child relationship going forward.

5 A I don't think that -- I take my work very seriously
6 and I don't think that particular sentence in any way
7 impacts her ability to be a mother, it's not strong
8 enough.

9 And I do take what do I very seriously
10 and I was very open to hearing what she had to say
11 and I had not made a preconceived decision on
12 anything when she came in.

13 Q Now people with OCD typically have more of a
14 protective personality than they would by having a
15 harmful personality towards others; is that correct?
16 They tend to not harm others; is that correct?

17 A No.

18 Q Are you aware -- with regards to the diagnosis that
19 you gave her was DSM-V 297.1; correct?

20 A Yes.

21 Q Have you reviewed that recently?

22 A Yes.

23 Q All right.

1 A I have a copy of it in my file.

2 Q With you?

3 A Yes.

4 Q May I see it? Is it here or is it there?

5 A Oh, I have it. This is Delusional Disorder.

6 Q I'm sorry. I meant obsessive compulsive. I am so

7 sorry.

8 A Well, really obsessive compulsive doesn't have to do

9 with being kind or unkind to others, it's more a

10 perfectionistic, overly perfectionistic people that

11 behave in the manner she did in my office.

12 Q Typically people who suffer from symptoms of OCD

13 common obsessions include fear of causing harm to

14 another; correct?

15 A Where are you getting this?

16 Q WebMD.

17 A Oh, well, that's a real valid source. Would you

18 consider DSM-5 maybe?

19 Q Do you have it?

20 A No, I didn't bring it with me.

21 Q All right. I'll pull it up.

22 A But I don't think you're qualified to even discuss --

23 Q That's why I'm asking you the questions, ma'am.

1 A Okay. You're just -- okay. What they mean by what
2 you just said was they may have obsessive thoughts
3 about a fear of hurting somebody. Like a mother may
4 be afraid she's going to kill her infant and she
5 won't be able to stop thinking about it. So when
6 they say don't want to hurt others that's their
7 obsessive thoughts, that's how it sometimes
8 manifests, okay. So that you're thinking of a whole
9 different thing there I think.

10 Q Do you believe that Julia Eickmeier is a danger to
11 herself or to her child?

12 A No.

13 Q You just believe that she needs to get some sort of
14 care and treatment to get over this block she has
15 regarding her child's relationship with her father;
16 correct?

17 A No, not exactly. I think if she continues to take
18 her child every time she has a visit with the dad to
19 be examined she's -- the child was young enough to
20 not remember a lot of this, but the child is
21 definitely going to start remembering being examined
22 naked at the hospital every time, so this behavior
23 needs to stop.

1 Q And this behavior, as we've been finding out today,
2 is a little bit systemic, because when you have the
3 police saying you need to go do these things, you
4 need to document these things, you can't have
5 he said/she said in court, and then go to an
6 emergency room and the emergency room says you need
7 to take this child to the child's hospital --
8 Children's Hospital, and then she follows the
9 directions, she goes to the Children's Hospital and
10 the Children's Hospital does their thing and then
11 cycle keeps continuing.

12 MR. STEELE: I'm going to object. You're
13 assuming facts that are not in evidence.

14 MR. MISKELL: We just did this. I can go
15 through these and we just talked about these where
16 for example IVCH told her --

17 MR. STEELE: All right. Go ahead. Do you
18 have a question?

19 BY MR. MISKELL:

20 Q The question is is that do you not find that given
21 her predisposition to maybe being obsessive that when
22 people are telling her to do these things she does
23 them to the extreme?

1 A It's not really related to OCD.
2 Q Delusion --
3 A Exactly.
4 Q -- it feeds into her delusion that when the cops tell
5 her that she's got to document things she goes to the
6 ER and they say this is outside our specialty, you
7 need to take her to the Children's Hospital and so
8 on, that it feeds into that delusion.
9 A It could. It could, yeah.
10 Q And so globally it's more of a systemic issue with
11 law enforcement, medical people and people who have
12 mental issues that the hospitals are not recognizing.
13 A Well, again, I definitively see your point --
14 Q Uh-hum.
15 A -- but my issue was a lot of the things she reported
16 that made me decide on the Delusional Disorder were
17 things like smelling semen on the child after a
18 visit --
19 Q Good point.
20 A -- and having, you know, spirit guides come to her in
21 her dreams and say "follow your gut" and various
22 obscure ideas.
23 MR. MISKELL: Bob, do you have your Exhibit 4

1 from the last dep?

2 BY MR. MISKELL:

3 Q Now the portion that you're talking about the semen
4 is where you stated that various providers reported
5 about semen smell. I want to show you Petitioner's
6 Exhibit No. 4 which we just used in the last
7 deposition.

8 You stated that you reviewed the
9 Illinois Valley Community Hospital records; is that
10 correct?

11 A I imagine so, yeah.

12 Q Okay. Now if you go to the doctor's pages -- which
13 is what, 2, 3, 4? -- do you see where in the record
14 the mother indicates she smelled semen on the
15 daughter; correct?

16 A Uh-hum.

17 Q Yes?

18 A Yes.

19 Q I'm sorry.

20 A I'm sorry.

21 Q Now have you spent any time in the emergency rooms?
22 Have you had to do any sort of rotations or anything
23 in your studies?

1 A A little bit.

2 Q Typically nurses spend more time than the doctors
3 with the patients and they get more history and more
4 facts from the patient that the doctor uses; correct?

5 A Uh-hum.

6 Q I'm going to show you the last page of that document.

7 A Okay.

8 Q And it's the note from Maria Ernat, who was the RN on
9 that day, and the mother went to the ER stating she's
10 having pain with urination, redness around her vagina
11 and an odor in her vagina area that is similar to
12 cheese or fish. I'd like you to review that.

13 There is nowhere in that report where --
14 and she spends the whole time with the doctor and she
15 reflects what the doctor does and what she says to
16 the doctor -- there's nothing in that report that
17 mentions semen; correct?

18 A Well, she did actually to me.

19 Q That's what they were alleging she said. My question
20 was --

21 A But she did say that.

22 Q I understand that. I understand your testimony, even
23 though your report says "records reflect."

1 A Yeah.

2 Q Okay. However, we just learned from the last doctor
3 that fish smell in a two-year-old is indicative of
4 sexual contact. Are you aware of that?

5 A I'm not a medical doctor. You're asking the wrong
6 person. I don't see how you could --

7 Q But the point was is that you said that she's
8 delusional because she was talking about a semen
9 smell when it's actually the record indicates it
10 could have been a fish smell, which is indicative of
11 sexual conduct.

12 MR. STEELE: I'm going to object --

13 THE WITNESS: What kind of sexual conduct?

14 MR. STEELE: -- Eric, you're assuming facts
15 not in evidence.

16 MR. MISKELL: This is in evidence. We just
17 admitted this report into evidence.

18 MR. STEELE: The doctor's report does say
19 "semen."

20 MR. MISKELL: We just entered this into
21 evidence, Bob.

22 MR. STEELE: I understand.

23 MR. MISKELL: And she's talking about reports

1 indicating semen when the same report done by the
2 nurse, which she also states spends more time with
3 the people, mentions fish, and then your doctor just
4 testified that the fish smell is indicative of sexual
5 contact.

6 THE WITNESS: Is that from the woman or the
7 man?

8 BY MR. MISKELL:

9 Q That was her testimony. I didn't ask her.

10 A Maybe you should have, because I think women have
11 more of a smell than semen does. I think that's what
12 they're talking about.

13 Q I think you're missing the global bigger point. If
14 you're saying she is delusional because it's a semen
15 smell when it was actually a fish smell that can
16 indicate sexual contact, maybe that is a factor
17 against delusion; correct?

18 A Say that again.

19 Q You're stating that one of her criteria that you used
20 to say that she must be delusional is because she's
21 smelling semen, and you testified that, well, people
22 who have strange smells that that is indicative of
23 delusion, okay, when the record indicates that it

1 possibly was a fish smell and that fish smell is
2 indicative of a sexual contact, that that may
3 actually negate your testimony; correct?

4 A I don't agree. I'm sorry, I just don't. I don't
5 agree with it.

6 Q Okay. Because you're not a medical doctor.

7 A Well, no, I don't think semen has a strong fish smell
8 that you would notice as fishy.

9 Q Correct. But Trichomonas does.

10 A Yeah, that could be.

11 Q Okay.

12 A I don't see any diagnosis of that.

13 Q Because the doctor refused to treat her on this date.
14 Did you note that also?

15 A I don't remember. It was a lot of records.

16 Q Okay.

17 A But Trichomonas usually doesn't go away without
18 antibiotics; so...

19 Q She received treatment after that at a different
20 hospital.

21 MR. MCCLINTOCK: Objection.

22 MR. STEELE: I'll object. That assumes facts
23 not in evidence.

1 MR. MISKELL: Are you kidding me? We just
2 talked about --

3 MR. STEELE: You're testifying now, Eric.

4 MR. MISKELL: We just talked about, Bob, and
5 the evidence that's in the records is she went from
6 IVCH to Edwards Hospital.

7 MR. STEELE: My statement you made a
8 statement that she received treatment, that's not
9 evidence, now you're testifying. Let's keep it
10 questions.

11 MR. MISKELL: All right. I do apologize for
12 that.

13 THE WITNESS: She was treated for
14 Trichomonas?

15 MR. STEELE: We don't know that.

16 BY MR. MISKELL:

17 Q Now, ma'am, I think I asked you this, but I don't
18 want to be duplicative, it's just a basic question.
19 You don't really know anything about the father in
20 this case; correct?

21 A Just little bits --

22 Q The --

23 A -- not a lot.

1 Q Now the DCFS report that you testified that you had
2 seen, I'm going to show you -- which was right after
3 page B in here -- is that the report that you
4 reviewed?

5 A I can't remember. I didn't review the records today.

6 Q Actually it says -- did it look like this? 1 of 4, 2
7 of 3 -- I don't know actually.

8 A So what do you want me to look at?

9 Q This report in your file is a DCFS report dated 10/3
10 of '16; correct?

11 A Yes.

12 Q And you had stated that you reviewed some DCFS
13 reports; is that correct?

14 A Yes.

15 Q This is page 1 of 4; correct?

16 A Okay.

17 Q There are no pages 2, 3 and 4 to that report in your
18 file, are there?

19 A There should be.

20 Q I don't believe there is.

21 MR. MISKELL: Bob, did you give page 2, 3 and
22 4?

23 MR. STEELE: I don't know.

1 BY MR. MISKELL:

2 Q Now this report --

3 A I don't know. I don't know what it looks like at
4 this point.

5 It's also possible that I don't have
6 everything here, that I may have pulled some pages
7 out.

8 Q Okay.

9 MR. STEELE: It's also possible we didn't
10 give it to her; so...

11 MR. MISKELL: It's possible.

12 BY MR. MISKELL:

13 Q All I'm saying, as we're sitting here today pages 2,
14 3 and 4 are not here; correct?

15 A Yes.

16 Q Now the next report from DCFS says pages 2 of 3;
17 correct?

18 A Yes.

19 Q But there is no page 1 or page 3; correct?

20 A I suppose.

21 Q And the next report is a page 2 of 3; is that
22 correct?

23 A Well, you know, I move things around. I can't say

1 that I haven't -- I don't keep things in order all
2 the time. I don't know for sure they aren't in here.
3 I mean there's a lot of papers here and I don't keep
4 things when I'm reading through them. You know, I
5 don't know, but if you want to say that that's fine,
6 yeah.

7 Q Well, to the best of your knowledge right now page 1
8 and page 3 of the second report are not here;
9 correct?

10 A Right.

11 Q Have your fees been paid with regards to this
12 testimony?

13 A No.

14 Q And do you have -- are you -- is it your
15 understanding you're submitting your bill to the
16 Petitioner's counsel with regards to this?

17 A I assume you would give it to the court for me, yeah,
18 because I --

19 Q Did you receive a cover letter from their office?

20 A I would have no idea. Let's see. As far as the
21 records?

22 Q As far as any correspondence from the Petitioner's
23 attorney.

1 A Here's a letter.

2 Q The handwriting on the front of this letter, is that

3 your handwriting?

4 A Yeah.

5 Q Where did that information come from?

6 A I was preparing -- I don't know what it says.

7 Q "Police tired of going there. There's 60 calls to

8 police." Where did that information come from?

9 A Um --

10 Q It's not in your report.

11 A Right. Okay. It must have just been something I was

12 told and jotted down.

13 Q Did you have a conversation with the attorney after

14 you received this?

15 A Yeah. I talked to him briefly on the phone, yeah.

16 Q Did he tell you that there were 60 calls from the

17 police, that there were wellness checks, and that the

18 father is very frustrated because she takes the kids

19 to the doctor for rape?

20 A Could be. What does it say?

21 Q That's before you ever met her; is that correct?

22 A Yeah, I guess.

23 Q Do you believe it's appropriate to have a

1 conversation with an attorney of that nature prior to
2 ever meeting the patient and/or conducting the
3 testing and the evaluation?

4 A I usually do. Like DCFS I have a caseworker call and
5 she gives me background and telling me --

6 Q That's different if DCFS is sending you somebody for
7 evaluation and whatever, I'm talking about you -- it
8 was your understanding that you were a
9 court-appointed expert and you're receiving phone
10 calls from one side and getting information that's
11 not in your report prior.

12 MR. STEELE: Eric, she's a 213(f) expert, she
13 was not appointed by the court, as you know.

14 MR. MISKELL: Okay.

15 BY MR. MISKELL:

16 Q None of that information on that page that you
17 learned prior to meeting Julia Eickmeier ever made it
18 in your report; is that correct?

19 A Yes.

20 Q The fact that you had a phone conversation with the
21 attorney prior to your evaluation was not in your
22 report; correct?

23 A I didn't base my opinion on any --

1 Q That's not what I asked you, ma'am. I asked you
2 whether or not --

3 A No. I mean no. I didn't even know that was there or
4 taken into consideration.

5 Q Okay.

6 A My opinion was based on her bizarre behavior in my
7 office. At first she seemed normal and then she
8 deteriorated.

9 I do these evaluations all the time.
10 I've never seen anyone act the way she did.

11 MR. MISKELL: That's all I have.

12 EXAMINATION BY MR. STEELE:

13 Q Okay. Doctor, with regard to the report from
14 Dr. Petrak dated October 28th, 2016, did you receive
15 that after you had completed your report?

16 A October -- yeah, I guess I did, yeah.

17 Q So you would have sent your report out prior to even
18 receiving that?

19 A Yes. It was sent out the 25th.

20 Q So that report played no effect?

21 A No, it didn't.

22 My diagnosis was based on her behavior
23 in my office.

1 MR. MISKELL: Objection, no question pending.

2 BY MR. STEELE:

3 Q What was your report based upon?

4 A It was based on her behavior in my office and her
5 statements in my office.

6 Q And I think you said 90% of your report is based upon
7 the testing that you did and behavior in the office
8 and very little reliance is based upon these other
9 records.

10 A Yes. Just to get some background idea of what's
11 going on and then her presentation. I'm just
12 evaluating her mental status, not what's supposed to
13 happen with the child or whether the child was abused
14 or not.

15 MR. STEELE: That's all the questions I have
16 of this witness.

17 I move to introduce our exhibits. I
18 think I've done that already, I believe.

19 Okay. We're done.

20 MR. MISKELL: Okay. Ma'am, would you like to
21 waive signature?

22 THE WITNESS: Yes.

23 MR. MISKELL: Okay. Thank you for your time.

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Sorry about your party.

THE DEPOSITION CONCLUDED AT 6:02 P.M.

1 STATE OF ILLINOIS)
2) SS
3 COUNTY OF PEORIA)

4 C E R T I F I C A T E

5
6 I, Dee Dee Sullivan, CSR-RPR, a Notary
7 Public duly commissioned and qualified in and for the
8 State of Illinois, do hereby certify that, pursuant to
9 notice, there came before me on the 22nd day of December,
10 2016, at 416 Main Street, 6th Floor, Peoria, Illinois,
11 the following named person, to wit:

12 DR. JANE VELEZ,
13 a witness, called by the Petitioner, who was by me first
14 duly sworn to testify to the truth and nothing but the
15 truth of her knowledge touching and concerning the
16 matters in controversy in this cause, and that she was
17 thereupon carefully examined upon her oath and her
18 examination immediately reduced to shorthand by means of
19 stenotype and thereafter converted to typewriting using
20 computer-aided transcription by me.

1 I ALSO CERTIFY that the deposition is a true
2 record of the testimony given by the witness.

3 I FURTHER CERTIFY that I am neither attorney
4 or counsel for, nor related to or employed by, any of the
5 parties to the action in which this deposition is taken,
6 and further, that I am not a relative or employee of any
7 attorney or counsel employed by the parties hereto or
8 financially interested in the action.

9 IN WITNESS WHEREOF, I have hereunto set my
10 hand at Peoria, Illinois, this 6th day of January, 2017.

11
12
13 

14 Dee Dee Sullivan, CSR-RPR
15 License #084-002624

16 My Commission expires 6/3/19
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Jane Hurst Velez, Psy.D.
Licensed Clinical Psychologist
Licensed Sex Offender Evaluator
Licensed Sex Offender Treatment Provider
Diplomate, American Board of Forensic Specialties
Board Certified Forensic Psychologist

Jane Hurst Velez, Psy.D.
Licensed Clinical Psychologist

Website: www.peoriapsychological.com

Peoria Psychological Associates, P.C.
5505. N. Fairmont Drive
Peoria, Illinois 61614

Phone: (309) 689-6700 Fax: (309) 689-0774 Cell: (309) 472-9290
Email:
Office: Eppsya@comcast.net (open—no security setting; best option)
Personal: shurst@docslink.com (high security setting will block you)

Education:

Doctorate in Clinical Psychology, Psy.D. Illinois School of Professional Psychology, 20 S. Clark Street, Chicago, Illinois. (APA approved Doctorate in Psychology) September 15, 1995.

M.A. Clinical Psychology. Bradley University, Peoria, Illinois. May 1991.

Bachelor of Arts Degree. Northeastern Illinois University, Chicago, Illinois. 1977 (with honors)

PROFESSIONAL LICENSURE AND CERTIFICATIONS:

Licensed Clinical Psychologist. State of Illinois, September 1996 to present. Illinois License Number 071-005320

Board Certified Forensic Psychologist.

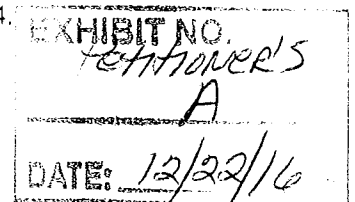
Licensed Sex Offender Evaluator, State of Illinois 2014-Present
Licensed Sex Offender Treatment Provider, State of Illinois 2014-Present

Approved Sex Offender Treatment Provider and Evaluator Sex Offender Management Board (SOMB), Lisa Madigan, Attorney General, State of Illinois.

Board Certified Forensic Psychologist; American Board of Forensic Specialties; American College of Forensic Examiners, 1997 to Present.

Certified Alcohol and Other Drug Counselor (CADC) 1991-2004

Illinois Department of Alcohol and Other Drug Abuse (IODAPCA). January 1995 to 2004.



Member APA, American Psychological Association. 1991 to present.

Certified in Eye Movement Desensitization and Reprocessing Therapy (EMDR). Levels I and II Certification, trained by Francine Shapiro, Ph.D., 1994.

PROFESSIONAL EXPERIENCE:

Licensed Clinical Psychologist, Private Practice

Peoria Psychological Associates, (Formerly East Peoria Psychological Associates) Office Addresses and Locations: 100 N. Main Street, East Peoria, Illinois 61611 from 1997 to 2004. 5113 N. Executive Drive, Peoria, Illinois 61614 from October 1, 2005 to October 2007. Since October 2007, current office location is 5505 N. Fairmont Drive, Peoria, Illinois 61614.

I am a licensed provider on most insurance networks, including Medicare and Blue Cross/Blue Shield). All billing is completed by the office manager at my office.

Services include:

- Provide psychotherapy services for private insured individual, marital, adolescent, child
- Provide EAP (Employee Assistance Program) counseling services
- Provided EAP contract services to the City of Pekin, Illinois 1997-2004
- Counseling, including Critical Incident Stress Debriefing, to Fire and Police personnel
- Provide psychotherapy services to individuals and families. Eclectic training; focusing mainly on psychodynamic theory, family systems theory, client-centered theory, cognitive-behavioral theory.
- Provide Fitness To Stand Trial and Insanity Defense evaluations
- Provide Child Custody evaluations
- Provide sex offender evaluations and Evaluations for the Sexually Dangerous Person's Act (Approved Provider SOMB)
- Provide Bonding (Parental Capacity) Assessments, Pre- and Post-adoption services and family counseling to the above
- Provide Neuropsychological Assessments and Screenings for Geriatric, Traumatic Brain Injury
- Provide Psychological, Neuropsychological, and Cognitive Assessments for Nursing Homes Residents with Serious Mental Illness, Mental Retardation, Dementia, and various Diagnoses
- Provide Counseling Services for Nursing Home Residents, Children with A.D.H.D and Learning Disorders; Post-TBI Neuropsychological Assessments to pinpoint specific areas of Brain Damage
- Provide presentence psychological evaluations for court
- Expert Witness services for Criminal, Juvenile and Family Court as well as Federal Court
- Expert Witness services for Court of Appeals; Mental Disabilities and Compensation
- Assess Adaptive Functioning via computer-scored third party interviews to Assess Level of Functioning
- Provide court deposition services
- Provide Gastric Bypass evaluation services
- Provide personal injury evaluation services
- Individual counseling to remediate Fitness to Stand Trial requirements in court-ordered cases
- Provide clinical supervision to staff, and doctoral practicum students
- Provide clinical supervision to Drug and Alcohol treatment and DUI Services staff

Licensed Clinical Psychologist and Clinical Director

Pekin Hospital Behavioral Health Services and Tazwood Center for Human Services, Inc. 1421 Valle Vista Blvd., Pekin, Illinois 61554. April 1, 1996 to February 26, 1999.

- Provided clinical supervision to staff
- Provided clinical supervision for DUI and the Drug and Alcohol program
- Provided psychological assessment and evaluation services for juveniles and adults
- Provided psychotherapy services for marital, family, adolescent, child, and EAP clients
- Provided Pre-sentence Psychological evaluations for court system
- Provided Fitness-to-Stand-Trial evaluations
- Provided Insanity Defense evaluations
- Provided sex offender evaluations
- Provided A.D.H.D. and Learning Disability evaluations
- Provided personal injury evaluations
- Provided staff training and continuing education via scheduled topic lectures

Clinical Team Leader

Human Service Center, 600 Fayette, Peoria, Illinois 61603. August 21, 1995 to March 31, 1996.

- Provided psychological evaluations for St. Francis Hospital inpatient psychiatric unit
- Provided psychological testing and evaluations for Human Service Center and White Oaks
- Provided individual and group psychotherapy
- Provided clinical and administrative supervision for therapists and casemanagers
- Provided and maintained psychotherapy, case management and emergency services for a caseload of 160 chronically mentally ill Illinois patients
- Copresented psychology lectures to premedical students at the University of Illinois, Peoria Campus

Predoctoral Intern

BroMenn Counseling Services, The Health Center, 702 N. East Street, Bloomington, Illinois. August 1, 1994 to July 31, 1995.

- Provided outpatient individual, family, and group psychotherapy services
- Provided psychotherapy for victims of sexual and physical abuse
- Provided neuropsychological testing, assessment and evaluations
- Provided diagnostic testing and assessment for clients of the A.D.H.D. Clinic
- Provided inpatient psychological testing and evaluations for BroMenn Hospital psychiatric unit and chemical dependency unit
- Provided psychotherapy for chemically dependent population and their spouses and families
- Provided court-ordered psychological evaluations for sex offenders, and child abuse and neglect cases
- Provided Utilization Review services for clinical records

While serving my predoctoral internship at BroMenn Counseling, I completed a 30-week Pastoral Counseling course through the BroMenn Pastoral Institute.

Psychology Instructor

Illinois Central College, East Peoria, Illinois. Instructor for Psychology 110, a 3-credit hour course entitled, Introduction to Psychology. January 1995 to December 1995.

- Provided lectures and teaching of this general psychology course

- Employed visual aids and other techniques to enhance learning and retention
- Constructed, administered and graded student exams

Illinois State University Practicum

- Provided psychotherapy and group counseling to Illinois State University students. Common problems included adjustment difficulties, anxiety, depression, academic problems, test anxiety, and social problems.

Predoctoral Practicum Psychological Assessment

Joel Eckert, Psy.D., 414 St. Mark's Court, Peoria, Illinois. September 1992 to June 1993.

- Provided psychological assessment using a variety of I.Q., achievement and personality testing
- Provided diagnostic interviewing for adult and child disability assessments, child custody and parenting capacity evaluations, and child and adult psychopathology and trauma-related diagnosis
- Provided assessment of chemical dependency
- Provided psychological reports

Outpatient Psychotherapist

Human Service Center, 600 Fayette, Peoria, Illinois 61603. May 1991 to September 1992.

- Provided individual and family psychotherapy for the chronically mentally ill
- Provided chemical dependency psychotherapy for dual-diagnosis clients
- Provided group psychotherapy for various diagnostic groups, including Panic Disorder Group

Master's Psychology Intern

Central Illinois Center for the Treatment of Addictions, Human Service Center, Peoria, Illinois. June 1990 to May 1991.

- Provided individual psychotherapy for inpatient chemically dependent population
- Provided group psychotherapy for chemically dependent population, including specialized and didactic groups
- Provided psychotherapy for dually-diagnosed clients
- Provided treatment planning, screening and program organization

OTHER PSYCHOLOGY-RELATED POSITIONS:

Member, Ethics Review Committee, Pekin Hospital, 1997-1999.

Administrative Fellow

School of Professional Psychology, Chicago, Illinois. September 1992 to June 1993.

- Provided quality assurance data to training department of Illinois School of Professional Psychology and APA about doctoral and master's practicum sites

Graduate Teaching Assistant

Bradley University, Psychology Department, Peoria, Illinois. August 1989 to May 1990

- Graduate teaching assistant for Psychology Department chairperson
- Provided teaching, tutoring and grading services for Psychology and Social Psychology

Undergraduate Practicum Counselor

North River Mental Health Center, Chicago, Illinois. January 1974 to May 1974.

-Provided outpatient psychotherapy services

TEACHING POSITIONS

Illinois Central College, East Peoria, Illinois, General Psychology, 1995 to 1997

Oakton Community College, Lincolnwood, Illinois, Art Instructor, 1977

VOLUNTEER POSITIONS:

Red Cross Mental Health Disaster Team, Peoria, Illinois

Illinois Valley Mental Health Association

RESEARCH EXPERIENCE:

Velez, J.H. (1995). Early Memories of Vietnam Veterans with Post-Traumatic Stress Disorder. Illinois School of Professional Psychology, Chicago, Illinois

Velez, J.H. (1991). The Extinction of the Salivation Response to Lemons: An Analog Study to Opiate Addiction. Bradley University, Peoria, Illinois

Velez, J.H. (1989). The History of Substance Abuse in the United States. (Bradley University, unpublished).

Velez, J.H. (1993). The Comorbidity of Substance Abuse and Post-Traumatic Stress Disorder in the Vietnam Veteran. (Illinois School of Professional Psychology, unpublished).

RESEARCH AND CLINICAL INTERESTS:

The past focus of practice has been Forensic and Neuropsychological Assessment and Evaluation. My private practice work has included mainly psychological testing and evaluation. Including attentional and learning problems, traumatic brain injury, stroke, disability evaluations, custody evaluations, Fitness to Stand Trial and Insanity Defense evaluations. I also assess Attention Deficit Hyperactivity Disorder (A.D.H.D.), Reactive Attachment Disorder, Oppositional Defiant Disorder, and disorders which the family system which are often the root cause of psychopathology and require systems therapy. In family therapy, my orientation is using a variety of family systems models, as well as behavioral and psychodynamic theories. I find that instilling hope is critically important in motivation and improvement in psychological disorders.

I have interest in neuropsychology, traumatic brain injury, psychopharmacology, cognitive disorders, including brain dysfunction and unusual neuropsychological disorders. I have, at times, identified serious illness that other medical practitioners have overlooked, and I often find myself somewhat of a neurological detective of the mind. My favorite author is *Oliver Sachs* of The Man Who Mistook his Wife for a Hat, An Anthropologist From Mars, and The Island of the Color Blind. I view my profession as similar to a detective, and I find the most interesting cases the most fascinating and I learn so much from each of these complex cases.

PRESENTATIONS:

Treatment of Oppositional Defiant Disorder in Children and Adolescents. February 2005.

Sexual Dysfunction and Relationship Factors. Bradley Mental Health Forum, May 1998. Repeated in December 1998.

Midlife Crisis. April and May 1999.

Dissociative Identity Disorder: Diagnosis and Treatment. Bradley Mental Health Forum, May 1996 and 1997.

Stress and Time Management. Illinois State University, March 1993.

The Issue of Self-Disclosure as Therapeutic Tool. Bradley University, Peoria, Illinois, May 1991.

References available upon request.

PSYCHOLOGICAL EVALUATION

CONFIDENTIALITY STATEMENT:

According to the Mental Health and Developmental Disabilities Act, this report should not be released to other Mental Health providers or agencies without written consent from the client. Dr. Velez should be notified of the request prior to its release.

Client Name: Julia Eickmeier
Address: 2830 4th Street
Peru, Illinois 61354

Date of Birth: April 14, 1991
Age: 25

Date of Evaluation: October 14, 2016
Date of Report: October 25, 2016

Place of Evaluation: Peoria Psychological Associates
5505 N. Fairmont Drive
Peoria, Illinois 61614

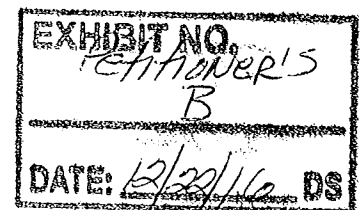
Evaluated By: Jane Velez, Psy.D. A.B.P.S.
Licensed Clinical Psychologist
Licensed Sex Offender Evaluator and Treatment Provider
Board Certified Forensic Psychologist
Diplomate, American Board of Forensic Specialties

IDENTIFYING DATA AND REFERRAL QUESTION:

Ms. Eickmeier is a 25-year-old, single, Caucasian female. She was referred for a Psychological Evaluation by the Circuit Court of LaSalle County. The evaluation with assess her cognitive, academic, psychological, and adaptive functioning, as well as assess parenting ability, and provide diagnosis and treatment recommendations.

PRESENTING PROBLEMS AND RELEVANT HISTORY:

Julia Eickmeier is the mother of Madeline Kramer, who was born January 20, 2013. The child's father is Kevin Kramer. Ms. Eickmeier and Mr. Kramer never married, but cohabitated off and on during their relationship, which was reportedly conflictual at times. Mr. Kramer has had regular visitation with Madeline on weekends, and has filed for custody in LaSalle County. Ms. Eickmeier states that Mr. Kramer's family members work for the local police department, and have political pull due to their positions with The City of Peru, Illinois. Since Madeline was seven months old, Ms. Eickmeier has taken her to the hospital many times alleging that Mr. Kramer sexually abused Madeline during his visitation periods. Hospitals, police, and DCFS have been involved in this case. She also told numerous people that she had a dream in which



spirits told her that Madeline was being sexually abused, and to follow her instincts. Ms. Eickmeier reported to various providers that Madeline's vaginal hole seems enlarged, the area is red, has a foul odor, and that she smells semen on Madeline after visits with her father. Ms. Eickmeier was ordered by the Circuit Court of LaSalle County to undergo a Psychological Evaluation.

CLIENT INTERVIEW:

Ms. Eickmeier was interviewed. She is the mother of Madeline (age three years and eight months). The father is Kevin.

Ms. Eickmeier states that her mother, Janet, suffers from polycystic kidney disease, and she is not seeking proper medical treatment. She states that her mother's memory is not good. She has a distended abdomen because of cysts. She has headaches and is always tired. She does not take care of herself. Salvador, her mother's husband, told her that her mother has an unnatural hatred of her.

Ms. Eickmeier states, "Salvador told me that my mother has been throwing me under the bus. She has Bipolar Disorder, and took Lithium for treatment. She was so manic that she checked herself into a psych ward. My mother told me that when I was about 20 years old." Ms. Eickmeier states that her mother "was an okay mom, but she has been estranged since her physical and mental health has deteriorated for the last four or five years." Her mother has been ill since 12 to 14 years of age, and the disease has progressed. Ms. Eickmeier states, "She has an unhealthy vendetta against me. It's not healthy to have a vendetta against her own daughter, and she hasn't seen her granddaughter to know what's going on. I see my daughter on a daily basis, and she does not. She tells people that I am lying, and has stopped my daughter from being protected by DCFS."

Ms. Eickmeier states, "The police chief told DCFS I was lying and making things up, so DCFS Unfounded their investigations." She states, "The alleged abuser, Kevin Kramer (her ex-husband) has admitted abuse to me. I saw him rubbing her genitals in a sexual aggressive type of way. So I asked him, 'So this is why she comes home red and showing masturbating behaviors, looking pampered with and having red marks on her genitals! You are stimulating her with your fingers!' He said, 'So what? You're the only one making a big deal about it!' I doubt he wants to go to jail, so he is not going to tell the truth to the police or DCFS. I have several witnesses who believe there is sexual abuse. One worker said he thought the DCFS allegations should be unfounded, because he thought the father was 'Cool!'." She continues, "Who closes out a sexual abuse investigation before investigating it? They closed the case without talking to the witnesses?"

Ms. Eickmeier states that her sister's son's grandmother, Beverly Schneider, who owns a large gun-making factory, "told me that when she was babysitting my daughter, Madeline, she said, 'I want to go to my dad's for my pee pee.' She also said that her dad 'put his snake in her mouth.' Madeline then made gagging sounds."

Ms. Eickmeier states, "Madeline has walked up to grown men and grabbed their crotch. I've seen her masturbate as an adult woman would do! I don't know how she would know that. Madeline would masturbate sometimes until she reached orgasm. She would take my hand and try to make it touch her crotch. I would say, 'We don't do that at mom's house. She would say, 'Daddy does it at his house.' She would even try to push my head down to her crotch. She presses toy animals to her crotch. At naptime, she masturbates. She humps things, and is not interested in normal activities. She would grab at her crotch, and say, 'Owie! Owie!' She would be afraid of bath time after coming back from her dad's house. She would cry and act scared of the bath. She would say, 'Daddy's a scary monster. I'm afraid of daddy.'" Madeline would also be sick after visiting her father. She would have a fever, wince in pain, and be unable to walk. She would be screaming in pain. Her father brings her home like that! When I asked what is wrong with her, her father says, 'She had a day today.' He wouldn't say something vague. Sometimes her vaginal hole looked penetrated. Sometimes there was weird gunk in her vaginal area, sometimes it looked like blood. She gets frequent rashes. Her dad would say, 'They all get rashes.' Madeline tells me that her dad touches her crotch. She showed me what her dad does with a doll. She moved her finger up and down like to go in and out of the doll's crotch. She tried to grab my father's crotch, and tried to grab two men's crotch in a restaurant. I've seen Madeline go up to her dad and grab his crotch, and he doesn't make her stop! He just lets her continue. Sometimes when she was masturbating, he would seem to encourage it, by kissing her and squeezing her legs together. Once, when Madeline grabbed his penis through his clothes, her dad shrugged, and said, 'She's a baby, she doesn't know any better.' He grabs her crotch, and I told him to watch when his hands are. One time, she had blisters near her clitoris where he had rubbed and jabbed his finger in her crotch. After I saw that, the next day he asked me, 'Are we still cool after yesterday?' I really think he likes it. He's not a good person. He doesn't seem to have any good ethics or morals. Kevin's family works for the city, so I'm at their mercy."

Ms. Eickmeier states, "Most people don't believe me. Lawyers ask me, 'Why doesn't anyone stop the visits if this is happening?' I think everyone is corrupt, and it's not been investigated properly. Madeline has pain in urinating and bowel movements. Madeline poops all over herself after visiting her dad. She pees and poops herself. That usually doesn't happen. She is not in a diaper. Madeline started potty training at nine months old and got out of diapers." Madeline will be four years old in January, so she's three years and nine months old (DOB: January 20, 2013).

Ms. Eickmeier states, "Madeline has nightmares, vomiting, and used to have a fear of him in a supervised visitation. She would hide behind me and cower. I told him I was going to supervise their visits. Kevin took me to court, and the judge didn't like that. When Madeline started going back to visit her dad unsupervised, she would look to the side and look at me." Ms. Eickmeier states, "As time went on, I think Madeline got used to it." Ms. Eickmeier states, "His attorney is his uncle, and they swamp me with court papers." Ms. Eickmeier states, "Madeline would chant, 'Lie for Daddy, lie for Daddy!' over and over." Ms. Eickmeier states, "When Madeline comes home from visits with her dad, she immediately says, 'No, nothing'. (Like nothing happened). When she acts like that, I figure that something did happen. Madeline came home with something that looks like a hickey, and Madeline pointed to the spot on her neck and said, 'Daddy kissed me on my neck! It happened down by the water.'"

Ms. Eickmeier states, "When Madeline tells me things happen at Daddy's house. I tell her that no one should get in her personal bubble, and she cries. I don't know why people would think that I don't want her to visit her father—I would get a break and I could go to yoga. But when I see them not taking care of her well, then that's when I have a problem. I am not trying to keep Madeline away from her dad—I'm not like that." Ms. Eickmeier states, "Kevin and his mother have such a strange relationship! She picks out his outfits, does his laundry, she cries if Kevin won't go on one-on-one dates with her. There's something off about Kevin's mother Mary." Kevin said he felt "totally alone" when he went to Columbia College in Chicago. He earned a degree in music, and he lives in a studio apartment that his mother owns.

Ms. Eickmeier states, "DCFS told me to be quiet about the abuse. No one looked at my evidence. They just closed the case without looking at the evidence. They wanted an intact family case, and they were going to set up a Social Worker to come to the house to see Maddy. I went to show her evidence, and she didn't have her glasses, so she could not even see any papers. She tickled my daughter right above her crotch area in her lower stomach the first time she saw her. I asked that she not come back anymore." A police officer told me to stop reporting things or they would come after me. Ms. Eickmeier states, "They did a CAC interview once. They met with my daughter for ten minutes. I don't think a child is going to talk about abuse in ten minutes!" That's another reason they unfounded their reports.

Ms. Eickmeier states, "My biggest concern is what's happening to Maddy. It first started when Maddy was seven months old. She went to visit Kevin for five days in August 2013. When she came back, her private area looked like it was tampered with... she had pus and a protruding-looking vaginal hole. After that, she was masturbating, and she would not stop. It was huge behavior change for her. Kevin would lie about her whereabouts...he would be partying. Once, Kevin didn't feed her for ten hours. Kevin said she wouldn't eat. Every time they tried to feed her, she wouldn't eat—she would cry. Kevin would say he had the baby, but he would drop Maddy off at his mother's house. They would keep her whereabouts from me, and I couldn't trust Kevin or his mother. I think that was when the sexual abuse started. I had Maddy evaluated a few different times, and even though they didn't see anything, they had to report it. One doctor told me that even though they aren't finding signs, Maddy could still be being abused. This doctor said to watch for rashes, behavioral signs, mood swings, behavioral changes. I kept collecting evidence, but no one would look at it. Doctors and nurses told me to keep taking Maddy to the doctor, form a paper trail, and collect evidence. Once, I was told that someone would report me if I didn't take Maddy in! I don't enjoy the attention I'm getting—I hate this stuff! I don't like having Maddy examined! I haven't had her at a hospital to be seen for sexual abuse symptoms since February 2015." Ms. Eickmeier continued, "October 2nd, Maddy came home with green smelly stuff on her genitals. It looks like gravy or something—like Kevin is putting Vaseline on her or something. Maddy was saying, 'It hurts! It hurts!' They won't do anything at the hospitals near me, because they are level-three hospitals, and level-one hospitals are the only ones that do examinations for sexual abuse. They are all in Peoria or the Chicago area. So I called the Naperville-Edwards Hospital in Naperville, Illinois, and they said bring her in. The doctor there said, her underwear are definitely soiled, we need to keep her underwear from evidence, and they saw the stuff I was talking about on her vaginal area, and they called DCFS on Kevin. I thought for 40 minutes whether or not I should take her to the hospital, because DCFS told me not to before, but I was so worried! I guess I did

something wrong, because DCFS came and got Maddy, and they said I had Munchhausen's by Proxy! Then DCFS took Maddy—without a parent with her—to be examined *again*—exactly what they told me I was doing wrong!" She states, "I haven't been able to see Madeline for two weeks! The only safety plan that had was to have Kevin get custody, which I would not agree to. Therefore, DCFS lied, gave Kevin custody, and had him get an Order of Protection against me! Now she is with him all the time! I think his family knows what is going on, but his mother would lie for Kevin. Maddy knows too much sexually. She even tries to touch me in the crotch. I tell her 'no,' so she tries to grab my crotch and run away. She whispered to me, 'Daddy touches my crotch,' when she thought I was asleep. When I opened my eyes and asked what she said, she would not repeat it. I heard they had a babysitter, and I thought, 'Thank God,' because the babysitter would tell the truth! I asked the woman at Wal-Mart, and she said she is not babysitting Maddy. DCFS knows they have not protected my child, and I think they think I'm a threat. They don't want to get into trouble. I've never been diagnosed with Munchhausen's." Ms. Eickmeier states, "Maddy has had two examinations in the past three years. She was interviewed once for ten minutes by the CAC in July or August 2016. My other lawyer was present, and he could not believe how short the time spent with Madeline was! In July, the Peru police were harassing me every day, and coming to my house. They came to one of my custody case court hearings, to say that I had gotten a pet chicken for Maddy, to try to make it seem like I was crazy! Beverly and I heard Kevin and his family talking about an officer who is a relative of theirs who has the same last name as Kevin's mother's maiden name, Mignone. Kevin's mother, Mary, works for the city as a meter reader, and Kevin's father, Joseph, is a maintenance worker for the City of Peru. Both of Kevin's parents have worked for the city for many years. All the people who work at the City of Peru are in a clique!" Ms. Eickmeier states, "The chief of police has recommended that DCFS unfound the reports I made on Maddy, and he told them specifically that I was making false reports, and he has never even met me or seen my evidence!"

Ms. Eickmeier states, "Beverly Schneider is a very reputable woman who owns a business with 500 employees, and she would never put her family name out there if she didn't believe for sure that Maddy was being abused and was in danger." Ms. Eickmeier reports that other friends of hers that know her daughter and have seen signs of sexual abuse are Adrian Perez, Gordon Pearson, Alex Waters, and Alex Patterson have seen the sexual abuse signs. Todd Barrett saw severe bruising on Maddy's forehead after she supposedly fell down stairs.

Ms. Eickmeier states that she was in a relationship with Kevin for nine months before she found out she was pregnant. They were broken up when she discovered she was pregnant. When Kevin found out I was pregnant, he was very angry, and yelled, 'you don't know what this means!' Kevin treated me badly. I asked him to go get baby powder at the store, and he came back from the store, and threw it at the wall. It hit the wall right above the changing table! He threw a handful of change at me while I was holding her that left welts on me. He was all stoned. I asked Kevin to give Maddy a bath when she was just a couple of days old. He filled up the bath with scorching hot water. I heard screaming... Maddy was red, but I stopped him. I didn't think he was that stupid." Ms. Eickmeier states that she left Kevin when Madeline was a month old, because Kevin was threatening to kill her and she did not want Maddy to see her being treated that way. Ms. Eickmeier came back a couple of months later, and the same thing happened. She states, "Maybe I should have stayed to protect Maddy...I didn't know that there was sexual energy that men can sometimes take out on the child."

After Ms. Eickmeier left Kevin, he continued to threaten her. Ms. Eickmeier states, "Kevin and his mother came to my church, and chased me down trying to get the baby after I left Kevin. They wanted the baby, but she was acting like a crazy person. I didn't feel comfortable giving my baby to someone acting like that! His mother left me notes, "Just give up the baby! Go be a hooker!" His mother would stalk me. She was worse, because she wanted the baby--I don't think Kevin cared. He is an only child, and his mother wanted the baby, so she made Kevin do all this stuff. Kevin told Ms. Eickmeier, "I don't even care about visitation—the only reason I'm doing the court stuff is because my parents make me. I'd rather be travelling the world making music."

Ms. Eickmeier states, "When Kevin, and I were together, he said he was going to murder me. He would kick me and say he was planning my deathbed appointment. Kevin said a medium was channeling through him when he said that. His mother said she had concerns that he was Schizophrenic. Kevin's mother and I looked up Schizophrenia, which is the, 'family illness.' We also looked up sociopath, and we felt that fit him more. His mother said he never wanted to go out. I know he does drugs, but his mother still denies that. Kevin's parent's own a place they rent out, and a man was found dead there, and Kevin was acting all weird, and he wrote a song, 'Remember the Eighth of November,' which was the day the man died."

Ms. Eickmeier was asked about her parenting skills. She has babysat frequently for others, so she feels that she has a lot of experience with children. She often took care of her younger brother, nieces, and nephews. She states, "It's always been my gift. I'm very good with children. I was my dad's boss's nanny for a while." Ms. Eickmeier was asked what techniques she uses for discipline. She replies, "I mostly try to praise the positive. If Maddy does something wrong, I explain to her why it's a rule—so she won't get hurt, for example. Maddy is very tame and calm. I have a lot of patience with her. I may put her in time out, but only if she would hurt a person or animal. Kids listen to me. I have a way of talking to children. They respect me and they are always eager to do what I say. I tell her that the number one rule is to listen to Mommy, because I tell her things to keep her safe. I give Maddy a schedule. She has a routine. She brushes her teeth, hangs up her coat, and picks up all her toys. I include her with little jobs to make her feel important. I took parenting classes."

Ms. Eickmeier was asked about her strengths and weaknesses. She replies, "Kindness, patience, understanding, and I like to help people. Weaknesses, I'll have to think about for a while." Describing her personality, she states, "I don't like confrontation. I feel like Kevin's family wants me to get angry, so I don't want to give them that. I realize that I'm at a place in my life when I have to trust people, and I get upset and feel disappointed when people in power don't do their job right, but it's not really anger. I think people think I'm weak, and I'll never fight back. I think I handle stress very, very well. If I feel stress, I recognize it as emotions, and I'll go jogging or go work out. Instead of hurting people's feelings, I try to stay healthy with it. I don't break down crying every time I tell this story about Maddy; I used to do that, but like a police officer, they have to maintain composure."

Ms. Eickmeier states, "If you're going to rescue a kid from an abusive situation, you have to be able to maintain your composure. I almost cried the other day, because the judge was a woman and she did nothing to help my case. DCFS took Madeline the first week of October. I held it

together, and I told her that she was going to go for a ride, and that I wasn't going to see her for a while. (Ms. Eickmeier begins crying for the first time). After regaining her composure, she states, "I had to put all of Maddy's belongings in one room, because looking at her things was too much for me to take." Ms. Eickmeier states, "I would rather lose Maddy than have her unsafe and abused. And if she is abused, I'll be the one to fix it. The DCFS worker was yelling at me 'Don't talk about the case in front of your daughter!' The other worker asked me to continue explaining, so I did, then the other one started yelling at me again. I said, 'Excuse me, but I think you yelling at me in front of my daughter is worse.'"

Ms. Eickmeier was questioned about depressive symptoms. She states that she has never, never been depressed. She reports that she never had postpartum depression. Ms. Eickmeier states, "You don't think I'm depressed because I cried once, do you? I don't think I'm depressed. I think you can control depression with exercise and diet."

Ms. Eickmeier was asked if she has any symptoms of anxiety. She states, "I used to get very nervous before court and stuff. One time I vomited. I had trouble sleeping the night before court the first few times, but I need to sleep. I have a routine, I exercise, I take a bath, and I drink chamomile tea. I have two cats to keep me company now. I've had them since July (2016). As I got used to going to court, it got easier."

Ms. Eickmeier was asked if she any history of trauma. She states, "My mom would throw chairs, but I wasn't really scared. My dad was a calm person" She continues, "Kevin threatened to kill me, and I believed him. He threatened to kill me on multiple occasions. He had a huge machete that he used to take pictures with. Once I went to his house, and Kevin had some notes about killing me. He wrote 'there is a time and a place to kill,' and something about me and a blade... Kevin said mediums would channel through him and that's how he would get the lyrics. I was so scared that I took the knife and the notes to my dad's house! Kevin has pushed me down and pulled me down, scratched me, kicked me; put his hands around my neck once. Once, he shut the door on my foot, and ripped my shoe apart in front of Maddy. Kevin is just really controlling. On my birthday this year, Kevin and I were taking Maddy to ride a horse at Boggios, and we ended up going to Starved Rock. He said it was time to go, and pushed me. I told him, 'You just need to ask me to go; you don't need to *push* me!' He said, 'There's a difference between a push and a nudge.' It wasn't a nudge—it was a push... he put his hands on me, and pushed me." Ms. Eickmeier continues, "He was weird... he had me in a state of weakness, because he was so controlling. When Maddy was a baby, I needed baby water to make formula, and Kevin just kept playing music, staring at himself in a mirror. Maddy was crying, and I didn't know if I should take crying baby to the store and go myself or what? He was so weird."

Ms. Eickmeier was questioned about mental health counseling or psychiatric hospitalization. She replies, "Me and Kevin sent to counseling once. Ms. Eickmeier states that her medical doctor prescribed Vyvanse to help her "deal with the stress of the court documents." She reports that she takes the medication occasionally. Her physician also prescribed Xanax or alprazolam for anxiety for court. (She does not wish to reveal this physician's name).

Ms. Eickmeier was asked about her substance abuse history. She states, "I tried alcohol a couple of times when I was younger, but I didn't like it. It's not my thing...I've never been a drinker. She does not want to answer questions about past use of drugs, but states that when she had a child she stopped using anything. She does not even smoke cigarettes. She states that Kevin uses cannabis every day and drinks alcohol at night, because he plays at bars. She states that when she lives with Kevin, he would "play a music set and come home with \$80.00 and a bunch of pot, and make pot brownies."

Ms. Eickmeier was asked about her sleep schedule. She sleeps eight hours per night. She denies having any trouble with insomnia, except a few times before the first court dates. Normally, she does not have bad dreams, but lately, she has been having nightmares. She states, "Since Kevin threatened to kill me, I have nightmares...he does Wicca, and he's a dark person, a freak. I think he's trying to show me not to mess with him."

Ms. Eickmeier was asked about her childhood. She replied, "My dad has always done construction work and my mom has always done waitressing. She has a half-sister on her father's side, and two half-brothers on her mother's side. They do not talk much, because her mother talks bad about her. When she sees them, they tell her, "Don't talk to Mom. All she does is trash-talk you."

Ms. Eickmeier states that her best friend was from Ireland. The girl's father owned a circus and her father was a lawyer. She could ride a unicycle on a globe and jump rope and juggle at the same time. Ms. Eickmeier was doing circus tricks with her friend when she fell and broke her tailbone.

Ms. Eickmeier was asked about her education. She attended from Princeton High School in Princeton, Illinois in 2008. She had a 3.0 GPA. She was popular in high school, and socialized a lot. Ms. Eickmeier was a cheerleader and participated in many sports in high school. She was also in band and choir. She was studying Psychology at Tiffin University, which turned out to be fraudulent, studying for an Associate's Degree in Psychology. She wanted to help people, and work with disabled students with Cerebral Palsy, until she met Kevin. She now attends on-line classes at Pen Foster, studying for an Associate's Degree in Paralegal Studies. She is in the semester and earning A's and B's. She states, "If not for all this court stuff, I would have graduated from college by now."

Ms. Eickmeier was asked about her employment history. She states that she works part-time jobs, such as babysitting, painting in construction work, and selling used cars. She has done housecleaning, and managed an apartment building for a year. She and a friend, Gordon, buy used cars, fix them up, and sell them. She makes jewelry and clothing and sells them on Etsy (an on-line site for crafts). Her grandmother owns a large company, and helps her out financially. She states, "I chose to do these jobs so I would have time for all the court stuff, and taking care of Maddy. I home schooled her, took her to gymnastics...I love being a mom! My favorite job is taking care of Maddy!"

Ms. Eickmeier lives by herself in a small, two-bedroom house that she owns (she bought it with inheritance money). She lives in Peru, Illinois. Princeton, Illinois, where she grew up, is 30

miles west of Peru. She does not like it in Peru. She states, "The police are so rude to me there, because his family works for the city. When I reported him for hitting me, they said I was nothing but a problem; but Kevin can make up something that I did, and they will charge me with it." Her taxes are only \$56.00 per year (the lowest this examiner has ever heard of). Ms. Eickmeier reports that the house is well taken care of, and has been updated. Again, Ms. Eickmeier stated that she moved Maddy's things into one room, so she is not upset all the time with memories of Madeline all the time. She states, "You could just see her sitting at her little table. The whole living room is all Maddy's toys! I can't believe DCFB did this! It's certainly not in Maddy's Best interest!" Ms. Eickmeier states that she is usually alone, but Gordon, who is a neighbor down the block, visits often, as it is in walking distance. Gordon helps her with household chores if she is busy studying her on-line classes. Ms. Eickmeier states that she has piles of clothing in her bedroom. She cannot keep all her clothing clean all the time, but she does have a washer and dryer that her father bought for her. Her father used to help her out financially. She states, "My dad is very submissive under my mom. He may not agree with her, but he won't stand up for me or Maddy. Both my parents think I should be quiet about the abuse. Ms. Eickmeier states that she has a 2009 Chevy Cobalt. She makes monthly payments of \$126.00 to build her credit. She recently purchased a new bed by Stern's and Foster, which she likes, because it is "nice and firm." She never has her CILCO or cell phone cut off for non-payment, as she pays her bills on time. She was asked if she applies for Energy Assistance. She replies, "Why do you ask?" Ms. Eickmeier states that she used to cook fairly often, but she cooks less now that she has no boyfriend. Ms. Eickmeier considers herself to be a good cook, and would cook more if she had more free time. She likes to make jambalaya with rice. She often eats protein shakes, eggs and bacon, or oatmeal and apples. She states, "I'm into nutrition, and try to eat healthy. I hear it is not good to change your diet by trying new things too often."

Ms. Eickmeier was asked about social relationships. She has a number of close friends; including Beverly, Gordon, Todd, and Kendall. She states that court issues have consumed her life recently. She also has many good neighbors. She states that she is not dating at this time in her life, but that Gordon is her best friend. Ms. Eickmeier states, "I feel so much better being away from Kevin! Is that normal?"

Ms. Eickmeier was asked about her medical problems. She states that she is in good health. She did break her tailbone as mentioned above. She states, "I think I might have a gluten allergy."

Ms. Eickmeier was asked about her legal history. She denies any arrest history. Aside from the recent issues with herself and Kevin, she has no legal history.

MENTAL STATUS:

Ms. Eickmeier is a 25-year-old, single, right-handed Caucasian female. She weighs 116 pounds and stands 5'6" in height. Gait is normal. She is an attractive woman with a medium complexion, blue eyes, and shoulder length blonde hair. She wears a turquoise blouse, black sweater, and black slacks. Hygiene and grooming are very good. Eye contact is unremarkable. She owns prescription eyeglasses a stigmatism in one eye, but rarely wears them. Hearing is normal. Speech is fluent and meaningful. Rate of speech is somewhat rapid. Volume of speech is normal. Mood and affect is anxious. Attentional capacity is generally adequate, but subtests

involving multiple numbers or arithmetic of moderate complexity cause her immediate memory, attention, and concentration to falter. She denies hallucinations, delusions, or suicidal ideation. Short-term memory is grossly intact. Long-term memory is intact.

ASSESSMENT PROCEDURES:

Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)
Wide Range Achievement Test-Revision 4 (WRAT-4)
Millon Clinical Multiaxial Inventory-IV (MCMI-IV)
Minnesota Multiphasic Personality Inventory-Second Edition (MMPI-2)
Incomplete Sentence Test-Adult Version
House-Tree-Person Test; Draw-a-Person Test; Draw-a-Family Test
Child Abuse Potential Inventory (CAP)
Parental Stress Index (PSI)
Clinical Interview
Review of Records

ASSESSMENT OF COGNITIVE FUNCTIONING:

Ms. Eickmeier was administered the Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV). The results of this test are considered valid and reliable to interpretation.

Interpretation of WAIS-IV Results

General Intellectual Ability

Ms. Eickmeier's unique set of thinking and reasoning abilities make her overall intellectual functioning difficult to summarize by a single score on the Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV). Her nonverbal reasoning abilities are much better developed than her verbal reasoning abilities. Processing complex visual information by forming spatial images of part-whole relationships and/or by manipulating the parts to solve novel problems without using words is a strength. Making sense of complex verbal information and using verbal abilities to solve novel problems are less developed abilities for Ms. Eickmeier.

Verbal Comprehension

Ms. Eickmeier's verbal reasoning abilities as measured by the Verbal Comprehension Index (VCI) are in the average range and above those of approximately 58% of her peers (VCI = 103; 95% confidence interval = 97-109). The VCI is designed to measure verbal reasoning and concept formation. Ms. Eickmeier's performance on the verbal subtests contributing to the VCI presents a diverse set of verbal abilities, as she performed much better on some verbal tasks than others. The degree of variability is unusual and may be noticeable to those who know her well. Examination of Ms. Eickmeier's performance on individual subtests provides additional information regarding her specific verbal abilities.

Ms. Eickmeier demonstrated her weakest performance among the verbal reasoning tasks on the Information subtest.

The Information subtest required Ms. Eickmeier to respond orally to questions about common events, objects, places, and people. The subtest is primarily a measure of her fund of general knowledge. Performance on this subtest also may be influenced by cultural experience and quality of education, as well as her ability to retrieve information from long-term memory (Information scaled score = 9).

Perceptual Reasoning

Ms. Eickmeier's nonverbal reasoning abilities as measured by the Perceptual Reasoning Index (PRI) are in the superior range and above those of approximately 92% of her peers (PRI = 121; 95% confidence interval = 114-126). The PRI is designed to measure fluid reasoning in the perceptual domain with tasks that assess nonverbal concept formation, visual perception and organization, visual-motor coordination, learning, and the ability to separate figure and ground in visual stimuli. Ms. Eickmeier presents a diverse set of nonverbal abilities, performing much better on some nonverbal tasks than others. The degree of variability is unusual for individuals her age and may be noticeable to those who know her well.

Ms. Eickmeier's performance was significantly better on the Block Design subtest than her own mean score. Furthermore, she performed better than most of her peers, thus demonstrating strong abilities on the Block Design subtest.

The Block Design subtest required Ms. Eickmeier to use two-color cubes to construct replicas of two-dimensional, geometric patterns. This subtest assesses nonverbal fluid reasoning and the ability to mentally organize visual information. More specifically, this subtest assesses her ability to analyze part-whole relationships when information is presented spatially. Performance on this task also may be influenced by visual-spatial perception and visual perception-fine motor coordination, as well as planning ability (Block Design scaled score = 15).

Working Memory

Ms. Eickmeier's ability to sustain attention, concentrate, and exert mental control is in the average range. She performed better than approximately 37% of her peers in this area (Working Memory Index (WMI) = 95; 95% confidence interval 89-102).

Ms. Eickmeier's abilities to sustain attention, concentrate, and exert mental control are a weakness relative to her nonverbal reasoning abilities. A relative weakness in mental control may make the processing of complex information more time-consuming for Ms. Eickmeier, draining her mental energies more quickly as compared to others at her level of ability, and perhaps result in more frequent errors on a variety of learning or complex work tasks. Although clearly weaker than her nonverbal reasoning abilities, Ms. Eickmeier's ability to exert mental control is still within the average range and better than that of approximately 37% of her peers.

Processing Speed

Ms. Eickmeier's ability in processing simple or routine visual material without making errors is in the average range when compared to her peers. She performed better than approximately 63% of her peers on the processing speed tasks (Processing Speed Index [PSI] = 105; 95% confidence interval 96-113). Processing visual material quickly is an ability that Ms. Eickmeier performs less well than her nonverbal reasoning ability. Processing speed is an indication of the rapidity

with which Ms. Eickmeier can mentally process simple or routine information without making errors. Individuals with superior reasoning ability often tend to perform less well, although still adequately, on processing speed tasks.

Summary

Ms. Eickmeier is a 25-year-old female who completed the WAIS-IV. Her overall cognitive ability, as evaluated by the WAIS-IV, cannot easily be summarized because her nonverbal reasoning abilities are much better developed than her verbal reasoning abilities. Ms. Eickmeier's reasoning abilities on verbal tasks are generally in the average range (VCI = 103), while her nonverbal reasoning abilities are significantly higher and in the superior range (PRI = 121). Ms. Eickmeier's ability to sustain attention, concentrate, and exert mental control is in the average range (WMI = 95). Ms. Eickmeier's ability in processing simple or routine visual material without making errors is in the average range when compared to her peers (PSI = 105).

WAIS-IV Score Report

Composite Score Summary

Scale	Sum of Scaled Scores	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Description
Verbal					
Comprehension	32	VCI 103	58	97-109	Average
Perceptual Reasoning	41	PRI 121	92	114-126	Superior
Working Memory	18	WMI 95	37	89-102	Average
Processing Speed	22	PSI 105	63	96-113	Average
Full Scale	113	FSIQ 108	70	104-112	Average

Verbal Comprehension Subtests Summary

Subtest	Raw Score	Scaled Score	Percentile Rank	Reference Group Scaled Score	Range
Similarities	30	13	84	13	High Average
Vocabulary	36	10	50	10	Average
Information	12	9	37	9	Average

Perceptual Reasoning Subtests Summary

Subtest	Raw Score	Scaled Score	Percentile Rank	Reference Group Scaled Score	Range
Block Design	61	15	95	15	Superior
Matrix Reasoning	21	12	75	12	High Average
Visual Puzzles	22	14	91	14	Superior

Working Memory Subtests Summary

Subtest	Raw Score	Scaled Score	Percentile Rank	Reference Group Scaled Score	Range
Digit Span	28	10	50	10	Average
Arithmetic	11	8	25	8	Low Average

Processing Speed Subtests Summary

Subtest	Raw Score	Scaled Score	Percentile Rank	Reference Group Scaled Score	Range
Symbol Search	39	12	75	12	High Average
Coding	71	10	50	10	Average

ASSESSMENT OF ACADEMIC FUNCTIONING:

Ms. Eickmeier was administered the Wide Range Achievement Test-Revision 4 (WRAT-4). Scores are as follows:

	Raw Score	Standard Score	Percentile Rank	Grade Equivalent
Word Reading	62	107	68 th	12.9
Spelling	50	114	82 nd	Post 12.9
Arithmetic	36	87	19 th	6.8

ASSESSMENT OF PERSONALITY FUNCTIONING:

Millon Clinical Multiaxial Inventory – IV (MCMI-IV)

Ms. Eickmeier was administered the Millon Clinical Multiaxial Inventory – IV (MCMI-IV). This is a computer scored, standardized, true-false, pencil and paper personality test consisting of 195 questions.

Ms. Eickmeier was extremely cautious while answering test questions, carefully weighing the repercussions for each response one way and then the other before decided which way to answer each question. She took approximately four times as long to respond to the MCMI-IV test questions as most individuals. Validity scales indicate that the Desirability Scale, which measures Ms. Eickmeier's tendency to appear socially attractive, morally virtuous, and emotionally well-composed, was highly elevated. She responded to test questions in a manner that would cause her to appear in an overly favorable The Disclosure scale, which measures the degree to which Ms. Eickmeier was open, honest, and self-revealing, was very low, indicating that she kept her true thoughts and feelings to herself, and responded in the manner she believed was acceptable. This method of responding caused many scores to fall below the discriminatory range.

Temperamental individuals, like Ms. Eickmeier, tend to be highly emotionally responsive, with positive and negative affect coming forth with unusual ease and variation. They are as easily vivacious, animated, and enthusiastic as they are impetuous, angered, or bored. They possess a high level of energy and activation, as well as a low threshold for autonomic reactivity. Socially buoyant and animated, Ms. Eickmeier and other individuals of her personality profile regularly attempt to engage others with an infectious enthusiasm. Such individuals are usually exuberant, but may become intrusive, persistently overbearing, and needlessly insistent when under duress.

Individuals with similar profiles to Ms. Eickmeier tend to maximize the attention and favors they receive from others through a facile and enterprising manipulation of events. Their clever and often artful social behavior gives the appearance of inner confidence and self-assurance; beneath this front, however, lies a fear of genuine autonomy and a need for repeated signs of acceptance and near-constant approval. Interpersonally exploitive persons feel entitled, lack empathy, and expect special favors without assuming reciprocal responsibilities. They tend to take other people for granted and use others to indulge their own desires and enhance themselves. Individuals like Ms. Eickmeier actively solicit praise and manipulate others to gain needed reassurance, attention, and approval. They tend to be demanding, flirtatious, vain, and seductively exhibitionistic, especially when wishing to be the center of attention.

Individuals with profiles like Ms. Eickmeier's see themselves as ambitious, inspiring, and dynamic forces whose ever-present energy activates and galvanizes others. They tend to have illusions of invincibility, believing they can undertake and accomplish more than is possibly realistic. Cheerfully buoyant and animated, turbulent individuals may begin to irritate others with their persistent high-spirited behavior, intrusiveness, and mercurial temperament. Although they are passionate and enterprising, they are too readily bored and lack the wherewithal and consistency necessary to complete their goals and plans. Unchecked, their behavior may become more extreme, reckless, and erratic. Not uncommonly, this manic-like pattern may lead to depressive exhaustion. This results in a pattern of unpredictable behavior, scattered thinking, and brash and impetuous actions and moods, punctuated by outbursts of momentary anger and fearful anxiety.

Ms. Eickmeier and other compulsive people see themselves as efficient, disciplined, meticulous, and industrious. They are devoted to chores and meeting responsibilities, and they tend to minimize the importance of recreational and leisure activities. Fearful of being viewed as irresponsible, as someone who fails to meet the expectations of others, or as someone who is makes errors, they may overvalue discipline, perfection, prudence, and loyalty. Compulsive individuals may have been intimidated and coerced into accepting the demands imposed upon them by others. Their prudent, controlled, and perfectionistic ways derive from a conflict between hostility toward others and a fear of social disapproval. They resolve this ambivalence by suppressing their resentment and placing high demands on themselves and others. Their disciplined self-restraint serves to control intense, though hidden, oppositional feelings, resulting in seeming public compliance.

Ms. Eickmeier and individuals like her avoid inner tensions through the unconstrained expression of offensive thoughts and malevolent actions. They do not refashion socially repugnant impulses in sublimated forms but discharge them directly in precipitous ways, usually

without guilt or remorse. They view themselves as victims and do not feel the need to rationalize their outbursts.

Minnesota Multiphasic Personality Inventory – Second Edition (MMPI-2)

Ms. Eickmeier was administered the Minnesota Multiphasic Personality Inventory – Second Edition (MMPI-2). This is a computer scored, standardized, true-false, pencil and paper personality test consisting of 567 questions.

Again, validity scales indicate that the Lie scale and Defensiveness scales are highly elevated, causing test scores to fall below the discriminatory range. Ms. Eickmeier views herself a highly moral virtuous person with no faults or weaknesses that she is aware of.

On personality tests, Ms. Eickmeier responded to test questions in a manner that would cause her to appear in an overly favorable The Disclosure scale, which measures the degree to which she was open, honest, and self-revealing, was very low, indicating that she kept her true thoughts and feelings to herself, and responded in the manner she believed was acceptable.

Ms. Eickmeier and other persons of this code type may react to stress and avoid responsibility by developing physical symptoms. Their symptoms usually do not fit the pattern of any known organic disorder. They may include, in some combination, headache, stomach discomfort, chest pains, weakness, tachycardia or other unusual somatic symptoms that do not fit any medical diagnosis. Symptoms may be absent most of the time, but under stress may appear suddenly they are likely to disappear just as suddenly when the stress subsides.

Except for the physical symptoms, high scorers tend to be relatively free of other psychological symptoms. Although they sometimes describe themselves as prone to worry and to sleep disturbances, they are not likely to report depression. A salient feature of the day-to-day functioning of high scorers is a marked lack of insight concerning the possibility that the underlying causes of their symptoms may be psychological. In addition, persons like Ms. Eickmeier show little insight concerning their own motives and feelings.

Ms. Eickmeier and others of her personality code type are often described as extremely immature psychologically and at times even childish. They are quite self-centered, narcissistic, and egocentric, and they expect a great deal of attention and affection from others. They often use indirect and devious means to get the attention and affection. When others do not respond appropriately, they may become hostile and resentful, but these feelings are likely to be denied and not expressed openly or directly.

Ms. Eickmeier and other persons like her tend to be sociable and extroverted. They are outgoing, gregarious, friendly, and talkative. They have a strong need to be around other people, and they often mix well. They are seen as intelligent, verbally fluent, and expressive. They are active, energetic, and vigorous. They are interested in power, status, and recognition, and they tend to seek out competitive situations.

Persons like Ms. Eickmeier tend to have problems with impulse control, and they may act without considering the consequences of their actions. They are somewhat immature and self-indulgent. Relationships with other people may be superficial and insincere.

Sentence Completion Test-Adult Form

Ms. Eickmeier was administered the Sentence Completion Test-Adult Form. She was given sentence stems and asked to complete them with her real feelings. The following is a sample of her sentences:

"I like to make bracelets. The happiest time is when my daughter is well cared for. I want to know how to sew. Back home are my two pet cats. I regret not doing anything to keep my daughter safe. At bedtime I got to sleep. Men are capable of being good husbands. The best people are kind and caring. What annoys me is moral corruption an S.A. People are different in unique ways. A mother should care the best she can for her children. I feel like today is a good day for a stroll at the park. My greatest fear is unknown by me. In school I like to learn, study and achieve good grades. I can't is a phrase some teachers don't allow in their classrooms. Sports are good for you. When I was a child I painted pumpkins for Halloween. My nerves are just like everyone elses. Other people are important. I suffer from nothing. I failed to get to Jane Valez's office before 9 am this morning. Reading is a healthy hobby. My mind is healthy. The future is bright. I need to donate my old clothes to charity. Marriage is a blessing of a lifetime. I am best when I am trying my best. Sometimes Madeline calls me momma instead of mommy. What pains me is when children suffer. I hate unfair community authorities trying to conceal sexual abuse. This place is nice. I am very good hearted. The only trouble is when people are overtaken by negative habits. I wish for healing and wellness to all nations. My father is having a birthday tomorrow. I secretly love to dance, and workout. I am confident. Dancing is a good exercise for the body. My greatest worry is nothing. Most women are emotionally wired."

House-Tree-Person Test; Draw-a-Person Test; Draw-a-Family Test

Ms. Eickmeier was administered the House Tree Person Test, Draw a Family Test and Draw a Person Test. This is a paper-pencil drawing task, which is considered a projective test. Many cognitive aspects can be analyzed in this test, including basic spatial relationships, perspective ability, eye-hand coordination, and placement of figures. Certain aspects of the drawings can also be analyzed as unconscious thought from a psychological perspective. Ms. Eickmeier was extremely overly concerned about how her drawings would be interpreted. She re-drew all of her drawings four different times. For example, on one drawing, she did not have room for the person's entire body, so she asked for fresh paper to start over. On the final Draw-A-Person test, she drew a very detailed picture of a woman wearing a cross necklace, a long dress and sandals, then wrote "accidentally drew her hair too big" next to her drawing, a significant indication of her perfectionism. Drawings were reality based, and do not indicate a formal thought disorder. Other drawings appeared overly practiced, as they were drawn many times to have perfect lines, almost as if they were traced, indicating her extreme need for perfection as in Obsessive Compulsive Disorder). Young children in her drawings have no hands or feet, which is supposed to mean that they feel a lack of control in their life. Ms. Eickmeier may feel that

Madeline has no control in her life (or of her body) and therefore could be easily abused when out of range of Julia's is able to control what is done to her. (This last analysis is merely speculative)

Child Abuse Potential Inventory (CAP)

Ms. Eickmeier was administered the Child Abuse Potential Inventory (CAP). This is a computer scored paper-pencil two-response test consisting of the choices "Agree" or "Disagree," and consists of 220 questions. This test was developed to measure the parent's potential for physical child abuse, as well as the perception of the child philosophy of parenting and includes an overall view of the parent's mental health.

An unusual event occurred with Ms. Eickmeier's test. After she completed the CAP, she told the office staff that she threw it out. The staff said that the test had to be disposed of properly, and to hand it to the staff instead. Ms. Eickmeier then stated that she tore the test up in tiny pieces and flushed it down the toilet. She was told that would be nearly impossible, and this examiner talk to her about the test, and asked what the problem was. Ms. Eickmeier stated that she was afraid the test might show she could become an abusive parent some time in the future (she was very suspicious of psychological tests). She was told that that will not happen, and if she is a good mother, the test will show that. Ms. Eickmeier finally produced the CAP paperwork, which had been folded up, but not flushed down the toilet.

CAP validity scales indicate that the Lie scale and Fake-Good Index are highly elevated, thus, highly limiting test validity. Again, Ms. Eickmeier's test taking manner is highly defensive. She presents herself in a highly favorable light, denying minor flaws to which most parents would admit. Due to her defensiveness, all scale scores, indicating the Abuse scale, fall in the very low range, making this test rather useless.

<u>Validity Scales</u>	<u>Score</u>	<u>Range</u>
Lie Scale	17	Elevated
Random Response	5	Normal
Inconsistency	3	Normal

Validity Indexes

Fake-Good Index		Elevated
Fake-Bad Index		Normal
Random Response Index		Normal
Abuse Scale	19	Normal
Ego-Strength	40	N/A
Loneliness	1	Normal
Distress Scale	0	Normal
Rigidity	3	Normal

Unhappiness	10	Normal
Problem with Child/Self	0	Normal
Problems with Family	6	Normal
Problems with Others	0	Normal

SUMMARY:

Julia Eickmeier is a 25-year-old, single, right-handed, Caucasian female. She is the mother of one child, Madeline Kramer, age three (DOB: January 20, 2013). Madeline's father is Kevin Kramer. Julia's Psychological Evaluation was court ordered by the Circuit Court of LaSalle County, after she made over 20 claims that Madeline was sexually abused by her father, Mr. Kramer, during visitation with him. Ms. Eickmeier took Madeline to the hospital numerous times after visits, and took pictures of Madeline's private parts. Documentation from the Department of Children and Family Services (DCFS) and area hospitals, including OSF St. Francis, Perry Memorial Hospital, Edwards Hospital, and Illinois Valley Community Hospital include reports from 03/15/15, 06/25/15, 11/09/15, 11/19/15, 11/24/15, 11/26/15, 11/28/15, 05/13/16, 07/20/16, 08/02/16, and 10/4/16. In a report dated 10/28/16, Channing Petrak, M.D. found Ms. Eickmeier's actions with Madeline to constitute medical child abuse, and to place Madeline at serious risk of harm. She recommended that Madeline be in an environment from abuse, and recommended counseling for Ms. Eickmeier and Madeline.

Ms. Eickmeier's Full Scale IQ score fell in the Average range cognitively (FSIQ=108). Her Verbal Comprehension Index (VCI) of 103 fell in the Average range. Her Perceptual Reasoning Index (PRI) of 121 fell in the Superior range. Her Working Memory Index (WMI) of 95 fell in the Average range. Her Processing Speed Index (PSI) of 105 fell in the Average range.

Academically, Ms. Eickmeier's word reading skills fall in the 12.9 grade level, spelling skills fall in the Post High School grade level, and arithmetic skills fall in the 6.8 grade level.

Ms. Eickmeier and Mr. Kramer never married, but cohabitated off and on during Ms. Eickmeier's pregnancy and after Madeline was born. Ms. Eickmeier reports arguments, threats, and some minor domestic violence during the relationship. Mr. Kramer has had regular visitation with Madeline on weekends, and has filed for custody of the minor child. Ms. Eickmeier reports that Mr. Kramer's family members work for the Peru Police Department, and have political pull due to their positions with The City of Peru, Illinois. Since Madeline was seven months old, Ms. Eickmeier has taken her to the hospital many times alleging that Mr. Kramer sexually abused Madeline during his visitation periods. Hospitals, police, and DCFS have been involved in this case. She also told numerous people that she had a dream in which spirits told her that Madeline was being sexually abused, and to follow her instincts. Ms. Eickmeier reported to various providers that Madeline's vaginal hole seems enlarged, the area is red, has a foul odor, and that she smells semen on Madeline after visits with her father. Due to over twenty reports being unfounded, a physician diagnosed Ms. Eickmeier with Munchhausen's by Proxy, and DCFS had Madeline removed from her care and placed with her father, Mr. Kramer, reportedly due to abuse and delusional thinking that Madeline is being sexually abused.

Ms. Eickmeier lives in a small house, which she inherited, in Peru, Illinois. She has a few jobs, sells items on the Internet, and has received financial assistance from family members in the past to help pay her bills. She reports that she spent most of her time with Madeline until she was placed with her father. Ms. Eickmeier has refused to allow Madeline to have vaccinations against childhood diseases.

Ms. Eickmeier appears to suffer from Obsessive Compulsive Disorder and Generalized Anxiety Disorder. Her thinking was rigid and inflexible, and her thoughts and actions were overly thought-out and perfectionistic. Individuals such as Ms. Eickmeier show physical signs of tension, and are anxious in many situations, especially when they feel that others are evaluating her. She appeared to have obsessive thoughts, worried a great deal and over-thought every response. She often corrected herself, and reported worry over what this psychologist was thinking.

Ms. Eickmeier seems to believe that Madeline was, indeed, sexually abused by Mr. Kramer; however, some of the reasons for her beliefs are irrational. She is cautious, rather suspicious of certain questions, and at times, refused to disclose answers to this examiner's questions. For example, she would sometimes respond with, "Why do you ask?" Ms. Eickmeier usually provides overly detailed responses to this examiner's questions. The evaluation took twice as long as a normal evaluation should take, due to her overly detailed responses and tangential thinking. She was quite anxious during the evaluation.

Ms. Eickmeier's primary diagnosis appears to be Delusional Disorder. Many features of this disorder fit with her presentation with Madeline as the extension of herself. Persons with Delusional Disorder generally appear fairly normal psychologically, unless something activates the delusional thinking. Delusional Disorder has five different subtypes. For example, a patient may believe that a famous person is in love with them, believe they have a great but unrecognized talent or insight, or believe a lover or spouse is unfaithful. The subtypes Ms. Eickmeier meets the diagnostic criteria for are a combination of Persecutory Type and Somatic Type. In Persecutory Type, the patient believes that they are being poisoned or drugged, cheated, followed, harassed or harmed in some other manner. Small actions are exaggerated or misperceived as some attack on the person and become part of the delusional system. These patients quite often engage in repeated attempts through the legal system to gain relief from those they believe are hurting them. In the Somatic Type, patients often believe that parts of the body are disfigured, not functioning correctly, have infestations of bugs on or in their body, or believe that their body is emitting a foul odor (which Ms. Eickmeier has stated on a number of occasions—either smelling a foul odor or semen).

Ms. Eickmeier also exhibited features of Paranoid Personality Disorder with Histrionic Features. Ms. Eickmeier and other individuals like her can be abrasively irritable and tend to precipitate exasperation and anger in others. They often resist external influence and control. These individuals are distinctive in their fixed, unalterable ideas and the inflexibility of their thoughts.

Ms. Eickmeier tends to be highly emotionally responsive, with positive and negative affect coming forth with unusual ease and variation. She is as easily vivacious, animated, and enthusiastic as she is impetuous, angered, or bored. She possesses a high level of energy and

activation, as well as a low threshold for autonomic reactivity. Socially buoyant and animated, Ms. Eickmeier and other individuals of her personality profile regularly attempt to engage others with an infectious enthusiasm. Such individuals are usually exuberant, but may become intrusive, persistently overbearing, and needlessly insistent when under duress.

Histrionic individuals manipulate others with their slick and superficial manipulation of people and events to maximize the amount of indulgence and support they receive, as well as avoid disapproval and rebuke of others. They often exhibit an insatiable and sometimes indiscriminating need for attention and affection. Their clever and often deceitful social behavior makes him appear confident and self-assured, but beneath this false front lies fear of genuine autonomy and a need for repeated signs of acceptance and approval. Compliments and praise must be replenished constantly and are sought from every interpersonal source and social context.

Individuals with similar profiles to Ms. Eickmeier tend to be demanding and manipulative to maximize favor and attention they receive from others through a facile and enterprising manipulation of events. Their clever social behavior gives the appearance of inner confidence and self-assurance; beneath this front, however, lies a fear of genuine autonomy and a need for repeated signs of acceptance and approval. They tend to take other people for granted and use others to indulge their own desires and enhance their own objectives. They may actively solicit praise and manipulate others to gain needed reassurance, attention, and approval.

Ms. Eickmeier was manipulative and exhibited paranoia about imagined the arcane methods of psychological tests. She was quite fearful of personality tests, attempting to manipulate, and at first refusing to complete them. Although it was explained to her that she should not respond to personality test questions in a defensive manner, carefully weighing each response. Test results indicate a high level of defensiveness and rendering them nearly useless.

Ms. Eickmeier lied to office staff, stating that she flushed the Child Abuse Potential Inventory down the toilet. After this examiner explained more about the test, she finally produced the hidden test. It usually takes one day to complete an evaluation of this type, but with Julia, due to her paranoid delusions, over-talkativeness, and overly detailed responses to questions, it took two days. Ms. Eickmeier took more than an excessive amount of time to complete each question on each test, and re-drew her drawings four times before turning them in. This kind of behavior is very unusual, and has never been seen in this examiner's office before. Ms. Eickmeier appears to truly believe (though her belief is not reality-based) in her crusade to protect Madeline from sexual abuse. She thinks she is doing what is right, and does not believe she is malingering in her reports to doctors and DCFS. Ms. Eickmeier truly appears to suffer from paranoid delusions and sees Madeline as an extension of herself, and feels that she is being harmed. This appears to be a sincere belief in her mind. She cannot understand why no one is listening to her, as she lacks insight to see the errors in her thought processes.

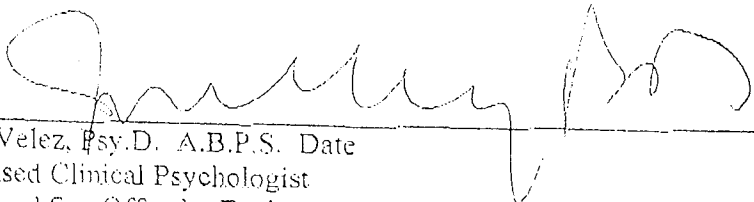
DIAGNOSTIC IMPRESSIONS:

AXIS I: 2397.21 Delusional Disorder
300.3 Obsessive Compulsive Disorder
300.00 Generalized Anxiety Disorder
AXIS II: 301.0 Paranoid Personality Disorder with Histrionic Features
AXIS III: Broken Tailbone (Approximately 10 Years Ago)
AXIS IV: Psychosocial Stressors: Child Removed from Custody;
Severity: Severe
AXIS V: Current GAF: 45

RECOMMENDATIONS:

1. Ms. Eickmeier should attend psychotherapy, with a focus on comparing her delusional thoughts to reality, and showing her how individuals like her can misinterpret or exaggerate the actions of others to become part of a delusional belief system. Psychoeducation about her disorders may also be a beneficial focus of therapy.
2. Delusional Disorder can be difficult to treat, but some patients respond to treatment with pharmacotherapy, including antipsychotics and antidepressants managed by a psychiatrist.
3. The biggest problem in treatment of Delusional Disorder and other paranoid individuals is that they feel that there is nothing wrong with them, and thus, refuse treatment. When this occurs, the delusions can last for years. For the sake of her daughter, Ms. Eickmeier should be encouraged to attend treatment.

Thank you for the referral of Julia Eickmeier's Psychological Evaluation. I hope this information is helpful. If I can be of further assistance, please contact me.

 10-31-16

Jane Velez, Psy.D. A.B.P.S. Date
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Licensed Sex Offender Evaluator and treatment Provider
Board Certified Forensic Psychologist
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